

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a Class C Stretcher Van Certificate  
from Middletons Transport LLC

FILED 1/14/21

(Please type or print)

Submitted by: Jackeya Whitten

Address: 560 Eutaw Hwy

Eutawville, SC 29048

Telephone: 803-546-9646

Fax: 803-492-3482

Other:

Email: midtransllc@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☒ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

RECEIVED  
JAN 13 2021

PSC SC  
CLERK'S OFFICE

RECEIVED  
2021 JAN 13 PM 12:04  
SC PUBLIC SERVICE  
COMMISSION

*[Handwritten signature]*

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

296559  
ACCEPTED FOR PROCESSING - 2021 January 14 3:00 PM - SC PSC - 2021-26-T - Page 1 of 12

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER:

2021 - 26 - T

~~2021~~ - ~~26~~ - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER**

**CLASS C - STRETCHER VAN**

Date:

1/8/2021

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provisions of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Middletons Transport LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name)

560 Eutaw Hwy Eutawville, SC 29048

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-546-9646

Phone

803-492-3482

Fax

midtransllc@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	0	Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	16,000	Loans Owed on Motor Vehicles	0
Cash on Hand	0	Business/Other Loans Owed	0
Cash in Bank	\$7,500	Other Liabilities or Debts	0
Value of Other Assets and Equipment	0	<b>Total Liabilities</b>	0
<b>Total Assets</b>	23,500		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 1.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges: **RATES FOR AMBULATORY**

### WEEKDAY BUSINESS HOURS (7AM-7PM)

- BASE ONE WAY (PLUS MILEAGE) - \$12.50
- BASE ROUND TRIP (PLUS MILEAGE) - \$25.00
- EACH ADDITIONAL MILE - \$2.00
- EACH ADDITIONAL ATTENDANT - \$5.00
- WAIT TIME (15-MINUTE BLOCKS) - \$6.25
- \* TRIPS OVER 30 MILES (ONE WAY) WILL BE CHARGED \$3.00 PER MILE \*

### WEEKENDS : OFF PEAK HOURS

- BASE ONE WAY (PLUS MILEAGE) - \$25.00
- BASE ROUND TRIP (PLUS MILEAGE) - \$50.00
- EACH ADDITIONAL MILE - \$2.00
- EACH ADDITIONAL ATTENDANT - \$5.00
- WAIT TIME (15-MINUTE BLOCKS) - \$8.75
- \* TRIPS OVER 30 MILES (ONE WAY) WILL BE CHARGED \$3.00 PER MILE \*

\* CONT'D ON BACK \*

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |  |  |  |  |  |
|--|--|--|--|--|
| <input type="checkbox"/> Abbeville             | <input type="checkbox"/> Cherokee              | <input checked="" type="checkbox"/> Florence | <input checked="" type="checkbox"/> Lee        | <input type="checkbox"/> Saluda                  |
| <input checked="" type="checkbox"/> Aiken      | <input type="checkbox"/> Chester               | <input type="checkbox"/> Georgetown          | <input checked="" type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg             |
| <input checked="" type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield          | <input type="checkbox"/> Greenville          | <input type="checkbox"/> Marion                | <input checked="" type="checkbox"/> Sumter       |
| <input type="checkbox"/> Anderson              | <input checked="" type="checkbox"/> Clarendon  | <input type="checkbox"/> Greenwood           | <input type="checkbox"/> Marlboro              | <input type="checkbox"/> Union                   |
| <input checked="" type="checkbox"/> Bamberg    | <input checked="" type="checkbox"/> Colleton   | <input checked="" type="checkbox"/> Hampton  | <input type="checkbox"/> McCormick             | <input checked="" type="checkbox"/> Williamsburg |
| <input checked="" type="checkbox"/> Barnwell   | <input checked="" type="checkbox"/> Darlington | <input type="checkbox"/> Horry               | <input type="checkbox"/> Newberry              | <input type="checkbox"/> York                    |
| <input checked="" type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon                | <input type="checkbox"/> Jasper              | <input type="checkbox"/> Oconee                |  |
| <input checked="" type="checkbox"/> Berkeley   | <input checked="" type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw             | <input checked="" type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide    |
| <input checked="" type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield             | <input type="checkbox"/> Lancaster           | <input type="checkbox"/> Pickens               |  |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield             | <input type="checkbox"/> Laurens             | <input checked="" type="checkbox"/> Richland   |  |

HMBULATORY CONT'D.HOLIDAYS

- BASE ONE WAY (PLUS MILEAGE) - \$30.00
- BASE ROUND TRIP (PLUS MILEAGE) - \$60.00
- EACH ADDITIONAL MILE - \$2.00
- EACH ADDITIONAL ATTENDANT - \$5.00
- WAIT TIME (15-MINUTE BLOCKS) - \$10.00
- \* TRIPS OVER 30 MILES (ONE WAY) WILL BE CHARGED \$3.00 PER MILE\*

RATES FOR DOOR-TO-DOORWEEKDAY BUSINESS HOURS (7AM-7PM)

- ONE WAY (PLUS MILEAGE) - \$30.00
- ROUND TRIP (PLUS MILEAGE) - \$60.00
- ADDITIONAL MILE - \$2.00
- ADDITIONAL ATTENDANT - \$20.00
- WAIT TIME (15-MINUTE BLOCKS) - \$6.25
- \* TRIPS OVER 30 MILES (ONE WAY) WILL BE CHARGED \$3.00 PER MILE\*

WEEKENDS : OFF PEAK HOURS

- ONE WAY (PLUS MILEAGE) - \$60.00
- ROUND TRIP (PLUS MILEAGE) - \$120.00
- ADDITIONAL MILE - \$2.00
- ADDITIONAL ATTENDANT - \$20.00
- WAIT TIME (15-MINUTE BLOCKS) - \$8.75
- \* TRIPS OVER 30 MILES (ONE WAY) WILL BE CHARGED \$3.00 PER MILE\*

HOLIDAYS

- ONE WAY (PLUS MILEAGE) - \$67.50
- ROUND TRIP (PLUS MILEAGE) - \$135.00
- ADDITIONAL MILE - \$2.00
- ADDITIONAL ATTENDANT - \$20.00
- WAIT TIME (15-MINUTE BLOCKS) - \$10.00
- \* TRIPS OVER 30 MILES (ONE WAY) WILL BE CHARGED \$3.00 PER MILE\*

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL CHAIR LIFT
Ford	2004 Econoline	1FDXE45P54HB10185	5896	

## INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Middletons Transport LLC

Name of Applicant

560 Eutaw Hwy, Eutawville, SC 29048

Address of Applicant

**Amount of Premium:**

Liability Insurance \$ LOGISTICARE REQUIREMENTS

\* SEE ATTACHED  
QUOTE

The above quoted premium is for a term of 6 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

RIVINGTON INSURANCE SERVICES

Name of Insurance Company

P.O. BOX 31001-Z660 PASADENA, CA 91110-Z660

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**RE: Middletons Transport LLC-Vehicle Update**

From: Summer Griffith (sgriffith@tayloragency.com)

To: midtransllc@gmail.com

Date: Thursday, January 7, 2021, 11:23 AM EST

Good Morning,

Please see the attached quote for the 2004 Stretcher van:

<b>Premium Per Insured:</b>	\$8,113.00
<b>New Vehicle Effective Date:</b>	01/06/2021
<b>Policy Expiration Date:</b>	07/09/2021
<b>Total No. of days:</b>	184
<b>New Vehicle Premium:</b>	\$4,089.84

Summer Griffith CIC

**Taylor Agency – Charleston/Summerville/Orangeburg Offices**

**Hours: M-Th 8:30a-4:30p F 8:30a-3:30p**

**Summer Griffith CIC**

*Account Manager*

PO Box 30609 Charleston, SC 29417

PO Box 1526 Orangeburg, SC 29115

Direct: (843) 762-6827 | Direct: (803) 585-7992 | Fax: (843) 795-3193

Email: [sgriffith@tayloragency.com](mailto:sgriffith@tayloragency.com)

[Our Brochure](#) | [Get A Quote](#) | [Confidentiality Notice](#)

☐ [tayloragency.com](https://www.tayloragency.com) | ☐ [Google Review](#)



**Exhibit Fit, Willing, and Able (FWA)**

Middletons Transport LLC

Name

---

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

**Exhibit on Driver and Assistant Driver Qualifications**

1. Applicant has read and understands Commission Regulation 103-133(8).  
☒ Yes ☐ No
2. Applicant has on file a certified copy of the driver's and assistant driver's three (3) year driving records issued by the SC DMV and such records from the DMV of the state in which the driver or the assistant driver is or has been domiciled for such period.  
☒ Yes ☐ No
3. Applicant has obtained and retained the criminal history background checks from the state where the driver and assistant driver live.  
☒ Yes ☐ No
4. Applicant understands that all drivers and assistant drivers must have in their possession at the time of such operation valid drivers' licenses issued by the SC DMV or the current state of residence of the driver or assistant driver.  
☒ Yes ☐ No
5. Applicant understands that all stretcher van certificate holders are prohibited from employing drivers and assistant drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.  
☒ Yes ☐ No
6. Applicant understands that all stretcher van drivers and assistant drivers must possess a current Red Cross First Aid certification or an American Safety and Health Institute certification, or certification from a program that meets or exceeds the certification standards of the Red Cross First Aid or the American Safety and Health Institute, and Adult Cardiopulmonary Resuscitation (CPR) certification.  
☒ Yes ☐ No
7. Applicant understands that the driver's and assistant driver's Red Cross First Aid certification must be renewed every three (3) years and the Adult CPR certification must be renewed annually.  
☒ Yes ☐ No
8. Applicant understands that an individual must not be transported in a stretcher van if the individual has a written statement from a licensed physician prohibiting transportation in a stretcher van.  
☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

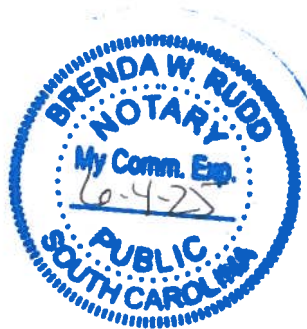
Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

*J'ly White*  
Applicant's Signature  
  
\_\_\_\_\_  
Owner  
\_\_\_\_\_  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Orangeburg )  
SWORN TO BEFORE ME  
This 8 day of January, 2021  
Brenda W. Rudd  
Notary Public  
Commission Expires 6-4-25



Print Application

# *The State of South Carolina*



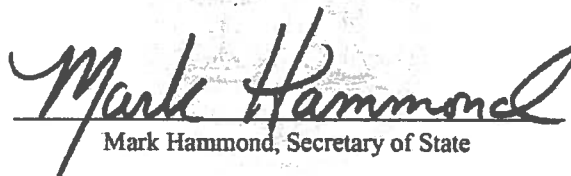
## *Office of Secretary of State Mark Hammond*

### **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

**MIDDLETONS TRANSPORT LLC,**  
a limited liability company duly organized under the laws of the State of South Carolina on February 16th, 2018, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 21st day  
of February, 2018.

  
Mark Hammond, Secretary of State